Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>9-14-07</u>	Address:	845 HANCOCK CHAPEL RD
Case #:	45F47391		NEW SALISBURY IN
County:	<u>Harrison</u>		STATE STATE STATE OF THE STATE
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Operation (Residence	☐ Hotel/Motel
Dumpsit	d/Glassware/Equipment (only) e (only)	☐ Outbuilding ☐ Vehicle	Open – No Structure
<u>Items</u> Foun	d: Location (bedroom, kitchen, open	uir ato)	-
(check all that apply)			
Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Ilydrochloric Acid Gas Generator(s):			
Corrosive Acid;			
Corrosive Base:			
Other (item and location):			
Child under	ago 19 divagraved (-)		
Child under age 18 discovered (check one) ☐ Yes 1 (number present)		<u>Investigative Information</u><u>Ephedrine/Pseudoephedrine Tracking Log</u>	
∏ No *I£woo for swee	orter (11.11.2 There are a const	Retail/Merchant Tip	
	ort to Child Protective Services	Other: DO	
This report is to be faxed to the following agencies that serve the location:			
	re Department: <u>PALMYRA VFD</u> Fax: <u>N/A</u>		
Health Department: Harrison Co		Fax: <u>738.429</u> Fax: <u>738-810</u>	
Child Protecti	ion Service: <u>HARRISON CO</u>	· 4/ /5// 01/	<u> </u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: GREENWELL Phone 812.246.5424			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.